### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

_	For th	e 2008 calend	dar year, o	or tax year beginning	, 200	08, and ending	1				
В		applicable		C Name of organization				nployer ider	ntification Nu	mber	
	Add	dress change	Please use IRS label	SAN ANTONIO ALTERNA	TIVE HOUSING	CORP #0	5   7	4-280	4229		
2003	Nar	me change	or print or type	Number and street (or P O box if ma	il is not delivered to street	t addr) Room/su	ite <b>E</b> Te	lephone nur	mber		
~	Init	ial return	See specific	1215 S. TRINITY ST.		N/A	(	210) :	224-23	19	
<del>ر</del>	Ter	mination	Instruc- tions.	City, town or country	Sta	•	,				
٩	Am	ended return		SAN ANTONIO	TΣ	x 78207-	6143 <b>G</b> Gr	oss receints	s 1.312	929	
2	$\vdash$	plication pending	F Name a	and address of principal officer	<del></del>		H(a) Is this a group				No
'n				adle 1202 Tampico St	San Antonio'	TX 78207	H(b) Are all affiliate		ř	Yes	No
W 🔀	Tay.	exempt statu			4947(a)(1) or	527	If 'No,' attach a	ı lıst (see ır	nstructions)		_
9 ≅ ¹		site: > N/		(6) (3) / (113617110)	1 1 4347 (d)(1) 01		H(c) Group exempte	on number	<b>&gt;</b>		
편 종 <u>유</u>		of organization	X Corpora	ation Trust Association	Other ►	L Year of Formation			legal domicil	- ТУ	
ENVELOPE POSTILARI OGNE AUG	art I	Summa		illon Trust Association	Others	L real of Formati	<u> </u>	W State of	legal domici	e in	
~ @ <u>  _</u>	_			anızatıon's mission or most sign	ificant activities:	TO PROVI	OF HOUSTNO	2 ጥሀልጥ	<u> </u>		
	1	-	_	TO LOW-INCOME AND M	_			_ 11171			
ည်	:  -	12 711 71	העהחה	10 10M INCOME AND M	ODERATE INCO	WE LYMIN	+ E 2				· — ·
Activities & Governance	-										
Š	2	Check this bo	<b>▼</b> ► □	if the organization discontinued in	ts operations or dis		than 25% of it	 c accetc		<b></b>	
ĕ	3			bers of the governing body (Part		posed of more		3	6		
<b>ජ</b> ග	4			voting members of the governir		e 1b)		4	6	-	
itie	5	Total number	of employ	yees (Part V, line 2a)				5	0		
ţ	6	Total number	of volunte	eers (estimate if necessary) .				6	0		
ď	/ "	-		usiness revenue from Part VIII, I				7 a			0.
_	b	Net unrelated	business	taxable income from Form 990-	T, line 34			7b	<u> </u>		
							Prior Y	ear	Cur	rent Year	
0	8	Contributions	and grant	ts (Part VIII, line 1h)							
Revenue	9	Program serv	ice reveni	ue (Part VIII, line 2g)			1,175.	1,	305,26		
e e e	10		-	rt VIII, column (A), lines 3, 4, an		20	),882.		7,66	5O.	
CC,	''' '		•	ll, column (A), lines 5, 6d, 8c, 9d					<u> </u>		
				ies 8 through 11 (must equal Pa		ine 12)	1,815	5,057.	1,	312,92	<u> 29.</u>
				ounts pate (Part X column (A),							
	14	Benefits paid	to or force	nembers (Part IX, column (A),	ne 4)						
ø	15	Salaries, othe	er compen	sation, employee benefits (Ran	IX, column (A), line:	s 5-10)					
Expenses	16a	Professional t	fundra sin	g fees (Part IX, column (A), Jine	11e)						
Ö	Ь	Total fundrais	ina expen	isos (Part IX. column (D) Ine 25	s) ►	0.					
ũ	1 17			x eolume (A) lines [] a 11d, 1			1.850	895.	1.	865,34	49.
				nes 13-17 (must equal Part IX, co				895.	$\overline{}$	865,34	
	l l			Subtract line 18 from line 12	J. G. T. T. (1.17), III. C 207			5,838.		-552,42	
- · ·		revenue less	скрепаса	S Cubildet line 10 holl line 12			1			*	
Net Assets or Fund Balancos	ğ	Tatal assats (	Dark V. I.	16)			Beginning	1,156.		l of Year 145,81	1 1
a a	20	Total assets ( Total liabilitie		•			11,792			929,93	
			•	,							
				nces Subtract line 21 from line	20		-2,228	3,396.	-2,	784,11	Lb.
<u> </u>	art II		re Bloc			<del>-</del>					_
		Under penaltie true, correct, a	s of perjury, nd complete.	I degare that I have examined his return, beclaration of preparer (other than officer	including accompanying so ) is based on all information	chedules and state on of which prepar	ements, and to the b er has any knowled	est of my ki ge	nowledge and	belief, it is	
Si Si	•		$ \nwarrow $	- 11			1				
) )!	ign	Signature	-1	-0001	<del></del>		08/13 Date	3/09			
Э П	ere										
- <b>≓</b>		Rod F	Radle int name and	1 AMA		<u>-</u>	Executiv	e Dire	ector		
. —		Type or pr	int name and	1 title		Ta .		16			
) <b>D.</b>						Date	Check if self-	[7	Preparer's ide see instructio	ns)	Jer
	aid	Preparer's					employed	▶ □			
J Pr	re- arer's	signature				<u> </u>					
	arer S Se	Firm's name (o	or								
	nly	yours if self- employed),	▶				EIN ►				
Property of Party of Property		address, and ZIP + 4					Phone no	<b>•</b>			
Ma Ma	ay the IF	RS discuss thi	s return w	oth the preparer shown above?	see instructions)				X Ye	s	No
_				work Reduction Act Notice, see		ctions.	TEEAC	0101 04/2	3/09 Fo	rm <b>990</b> (20	008.

		2804229	Page 2
	rt III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission.		
	TO PROVIDE HOUSING THAT	<b></b>	- <b>-</b>
	IS AFFORDABLE TO LOW-INCOME AND MODERATE-INCOME FAMILIES	<b></b>	
	Did the organization undertake any significant program services during the year which were not listed on the prior		-
_	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O		
3		Yes	X No
•	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expensand 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation expenses, and revenue, if any, for each program service reported	ses Section 501( ns to others, the t	c)(3) otal
	a (Code ) (Expenses \$ 1,865,349. including grants of \$ 0.) (Revenue	\$ 1,30	260 \
4	PROVIDE AFFORDABLE HOUSING TO FAMILIES AND INDIVIDUALS.		
	PROVIDE AFFORDABLE HOUSING TO FAMILIES AND INDIVIDUALS.		
	PROVIDE SOCIAL SERVICE SUPPORT AND REFERRALS AS NEEDED.		
	FAMILIES SERVED: 309		- <del>-</del>
		<b>-</b>	
4	b (Code) (Expenses \$ including grants of \$) (Revenue	<b>\$</b>	)
		-	
		- <b>-</b>	
		<b></b>	
			<del>-</del>
		<del></del>	<del></del>
4	c (Code) (Expenses \$ including grants of \$) (Revenue	\$	)
			<del>-</del>
		<del>-</del>	
		<b>-</b>	
		<del></del> -	
		- <del></del>	
4	d Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$		)
4	e Total program service expenses > \$ 1,865,349. (Must equal Part IX, Line 25, column (B))		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7_		х_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
		13		X_
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	<del>  -</del> -	X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 21		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1 <sup>2</sup> If 'Yes,' complete Schedule I, Parts I and II  Did the organization report more than \$5,000 on Part IX, column (A), line 2 <sup>2</sup> If 'Yes,' complete Schedule I, Parts I and III	22		X
22	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete		<u>-</u> -	Α_
23	Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26_		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27_		х
BAA		Form	n <b>990</b> (	(2008)

Checklist of Required Schedules (continued) Part IV Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV 28a **b** Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV 28b Х c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 35 Х Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 Х

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Form 990 (2008)

37

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable . 1a 0			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 0			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
<b>b</b> If 'Yes,' enter the name of the foreign country			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		X
b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7 a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	.		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	_ X_
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7 f		Χ_
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		X
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		Х
10 Section 501(c)(7) organizations. Enter		-	
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	]		
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders	] [		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		
BAA	Form	990 (	(2008)

Form 990 (2008) SAN ANTONIO ALTERNATIVE HOUSING CORP #05 74-2804229 Page

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management									
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, de s, or changes in Schedule O See instructions.	scribe the circumstances,		Yes	No					
1 a	Enter the	number of voting members of the governing body	1a 6			i					
ı	Enter the	number of voting members that are independent	<b>1b</b> 6	_		1					
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business relative trustee or key employee?	itionship with any other	2	X	j					
3	Did the o	rganization delegate control over management duties customarily performed by or units, directors or trustees, or key employees to a management company or other person	der the direct supervision ?	3	х						
4		rganization make any significant changes to its organizational documents		4		Х					
		prior Form 990 was filed?									
5		rganization become aware during the year of a material diversion of the organization's	s assets?	5	X						
6		organization have members or stockholders?		6_		X					
	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  7a  7a										
ı		decisions of the governing body subject to approval by members, stockholders, or other	•	7b		X					
8	the follow		aken during the year by			]					
	•	rning body?		8a	X						
		nmittee with authority to act on behalf of the governing body?		8b	<u>X</u> _						
		organization have local chapters, branches, or affiliates?		9a		<u>X</u>					
	and bran	loes the organization have written policies and procedures governing the activities of sches to ensure their operations are consistent with those of the organization?		9ь							
	describe	py of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990		10		x					
	organiza	any officer, director or trustee, or key employee listed in Part VII, Section A, who cannuon's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	not be reached at the	11		х					
Sec	tion B.	Policies			-						
10		and the second s		12a	Yes	No					
		organization have a written conflict of interest policy? If 'No,' go to line 13		12 a							
	to conflic			12b	х						
	Schedule	organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy / If 'Yes,' describe in	12c	X						
		organization have a written whistleblower policy?		13_	X						
		organization have a written document retention and destruction policy?		14	Х						
15	persons,	rocess for determining compensation of the following persons include a review and an comparability data, and contemporaneous substantiation of the deliberation and decisions are also as a substantiation of the deliberation and decisions.	oproval by independent sion		_	J					
		nization's CEO, Executive Director, or top management official?		15a	X						
ı		icers of key employees of the organization? the process in Schedule O. (see instructions)		15b	^						
	entity du	rganization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?		16 a		X					
	in joint v	has the organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard the th respect to such arrangements?	o evaluate its participation ne organization's exempt	16b							
Sec		Disclosures									
17	List the s	tates with which a copy of this Form 990 is required to be filed >									
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and n. Indicate how you make these available Check all that apply	d 990-T (501(c)(3)s only) av	aılable	for pu	iblic					
	Own	website Another's website X Upon request									
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its governing docume its available to the public.	ents, conflict of interest polic	y, and	financ	ıal					
		name, physical address, and telephone number of the person who possesses the boo									
1	Rod R	adle 1215 S. Trinity St San Antonio, T	<u>X78207-6143 (2</u>	10)_2	24-	2 <u>349</u>					

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Form 990 (2008)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons

(A)	(B)	ate an	ıy_Oı		c)	rector,	ii u.	(D)	(E) (F)			
Name and Title	Average hours		tion (			hat app	ly)	Reportable compensation from	Reportable compensation from	Estimated amount of other		
	per week	adividi al frakee or director	institutional feustee	Offirei	Key employee	Hig) est contratisated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
LARRY GARZA												
Chairperson	2.00	X		X				0.		0.		
RICHARD TOBIN												
Vce-Chairperson	2.00	Χ_		X				0.	0.	0.		
MICHAEL WHITE												
Secretary	2.00	Χ_		X				0.	0.	0.		
DANNY HERNANDEZ		_										
Treasurer	2.00	Х		Х				0.	0.	0.		
VICENTE ACOSTA												
Member	2.00	Х						0.	0.	0.		
ANDREA ACOSTA									_	•		
Member	2.00	<u>X</u> _						0.	0.	0.		
ROD RADLE	0 00								_	•		
Executive Dir	2.00	_		X	_			0.	0.	0.		
										<del></del> _		
	_											
							•					
									_			

TEEA0107 04/24/09

The Total   Programs and the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a 1st the organization and related organization from any unrelated organization for services   Programs   Prog	rait vii   Section A. Officers, Directors, Trus	T	LEY	LII			<b>C</b> 5,	all			
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization and related on line 1a, is the sum of reportable compensation and other compensation and related on line 1a, is the sum of reportable compensation and related on line 1a, is the sum of reportable compensation and related on line 1a, is the sum of reportable compensation from any unrelated organization and related on line 1a, is the sum of reportable compensation from any unrelated organization of services	• •	, ,	Posi	tion (			that a	only)	· ·	1	, ,
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization      Yes   J	Name and Time			_	_		Highest compensatemployee		compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization      Yes   J											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization      Yes   J		-									
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization      Yes   J		-									
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization      Yes   J		<del> </del>									
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization      Yes   J											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization      Yes   J		<u> </u>					-				
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization      Yes   J		-			_						
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization      Yes   J		-		_			$\vdash$				
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization      Yes   J			 								
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization  Yes J  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  Description of Services  Compensation											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization      Yes   J											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization      Yes   J											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization      Yes   J											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization  Yes J  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  Description of Services  Compensation	1 b Total	<u>'</u>	!			·		<b>•</b>	0.	0.	0
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)  Compensation	2 Total number of individuals (including those in 1a) w	ho recei	ved	mor	e th	an S	\$100	,000	<del></del>	·	•
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)  Compensation	on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual									
rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  Name and business address  Description of Services  Compensation	the organization and related organizations greater th	ortable an \$150	0,000	pen: )?  f	'Ye:	s' co	ompl	lete	Schedule J for su	ch	4 X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  Description of Services  (C)  Compensation	5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	mpensa edule J 1	tion or s	fror uch	n ar pers	ıy u son	nrela	ated	organization for s	ervices	5 X
(A) Name and business address Description of Services Compensation	1 Complete this table for your five highest compensate	d indep	ende	ent c	ontr	acto	ors t	hat i	received more tha	n \$100,000 of	
	(A)	s							(B)	) of Services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of independent contractors (including those in 1) who received more than \$100,000 in							_				
Total number of independent contractors (including those in 1) who received more than \$100,000 in											
	2 Total number of independent contractors (including t	hose in	1) w	ho r	ecei	ved	moi	re th	nan \$100,000 in		

Pa	t viii   Statement of Revenue								
1			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
· S	1a Federated campaigns	1a			`				
TN	b Membership dues	1b							
GR/	· · · · · · · · · · · · · · · · · · ·								
TS,	c Fundraising events	1c							
FF	d Related organizations .	1d							
Š. Ž.	e Government grants (contributions)	1e							
5.8	f All other contributions, gifts, grants, and					]			
턠	f All other contributions, gifts, grants, and similar amounts not included above	1f							
E C	g Noncash contribns included in lns 1a-1f	\$							
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f				i				
		Business Code							
ĒN	2a Rental income	531110	1,251,626.	1,251,626.	0.	0.			
<u> </u>	b Fees & other income	531110	53,643.		0.	0.			
CE			33,043.	33/043.		<del>-</del> -			
Ϋ́	·					<u> </u>			
SE	d					<del> </del>			
₹A	e					ļ			
PROGRAM SERVICE REVENUE	f All other program service revenue								
8	g Total. Add lines 2a-2f		1,305,269.			_			
	3 Investment income (including divid	lends, interest and							
	other similar amounts)	<b>&gt;</b>	7,660.	7,660.	0.	0.			
	4 Income from investment of tax-exe	empt bond proceeds				<u> </u>			
	5 Royalties	•							
	(ı) Rea	al (ii) Personal							
	6a Gross Rents								
	b Less rental expenses	· · · · · · · · · · · · · · · · · · ·							
	·	<del>-</del>							
	c Rental income or (loss)								
	d Net rental income or (loss)								
1	7a Gross amount from sales of (i) Securi	ities (ii) Other	ther						
	assets other than inventory								
	<b>b</b> Less, cost or other basis								
	and sales expenses								
	c Gain or (loss)								
	d Net gain or (loss)	<b>•</b>							
E	8a Gross income from fundraising eve	ents							
Ē	(not including \$								
E E	of contributions reported on line 10	· 1							
EB	See Part IV, line 18	a				ļ			
OTHER REVEN	<b>b</b> Less: direct expenses	b							
	c Net income or (loss) from fundraisi	ing events	<del></del>		<del></del>				
	9a Gross income from gaming activitie See Part IV, line 19	es							
ļ	See Part IV, line 19	. a							
	<b>b</b> Less direct expenses	b			-				
	c Net income or (loss) from gaming a	activities							
	10a Gross sales of inventory, less retur	rns							
	and allowances	a				,			
- 1	<b>b</b> Less cost of goods sold	b							
	c Net income or (loss) from sales of	inventory >							
	Miscellaneous Revenue	Business Code			<u> </u>				
	11a								
	b								
ļ	c								
	<b>d</b> All other revenue			·· <del>-</del>	<del>-</del>				
	e Total. Add lines 11a-11d	<b>_</b>	<del></del>	<del>-</del>					
			·						
	12 Total Revenue. Add lines 1h, 2g, 3 10c, and 11e	s, 4, 5, 6d, 7d, 8c, 9c,	1.312.929	1,312,929.	0.	0.			
	100, 0110 110					L			

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		(A)	(B)	(C)	(D)
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	Management	271,423.	271,423.	0.	0.
t	Legal	5,536.	5,536.	0.	0.
	Accounting	,			
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	1 Other				
	Advertising and promotion	3,492.	3,492.	0.	0.
13	Office expenses	17,069.	17,069.	0.	0.
14	Information technology	11,003.	17,003.		•
15	Royalties				
		331,505.	331,505.	0.	0.
16	Occupancy Travel	331,303.	331,303.	0.	<u></u>
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	747,013.	747,013.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	404,802.	404,802.	0.	0.
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Property insurance	56,197.	56,197.	0.	0.
	Trustee fees	5,662.	5,662.	0.	0.
	: Credit & collections	2,805.	2,805.	0.	0.
	Other program expenses	19,845.	19,845.	0.	0.
	;	.,			
	All other expenses	1			
	Total functional expenses. Add lines 1 through 24f	1,865,349.	1,865,349.	0.	0.
	Joint Costs. Check here ► If following	,			
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	<del> </del>				Form <b>990</b> (2008)

	m 990 i <b>rt X</b>	(2008) SAN ANTONIO ALTERNATIVE HOU Balance Sheet	JSING CORP #05	74-	2804	229 Page 11
<u> </u>	III A	Dalance Sheet		(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		154,322.	1	29,386.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		33,181.	4	13,398.
	5	Receivables from current and former officers, directors or other related parties Complete Part II of Schedule L	s, trustees, key employees,		5	
	6	Receivables from other disqualified persons (as define				<del>-</del>
Δ		and persons described in section 4958(c)(3)(B) Comp	lete Part II of Schedule L		6	
S	7	Notes and loans receivable, net	-		7	
ASSETS	8	Inventories for sale or use	-	16 112	8	12 261
Ś	9	Prepaid expenses and deferred charges		16,113.	9	13,361.
		Land, buildings, and equipment cost basis	10a 11,694,633.			
	b	Less: accumulated depreciation Complete Part VI of	2 466 106	0 540 710		0 000 507
		Schedule D	10b 3,466,126.	8 <u>,548</u> ,710.	10 c	8,228,507.
		Investments – publicly-traded securities	}	<u> </u>	11	
	12	Investments – other securities See Part IV, line 11	}		12	
	13	Investments – program-related See Part IV, line 11	}		13	
	14	Intangible assets	•	811,830.	15	861,162.
	15	Other assets See Part IV, line 11	24)	9,564,156.	16	9,145,814.
	16	Total assets Add lines 1 through 15 (must equal line		228,224.	17	144,140.
	17 18	Accounts payable and accrued expenses  Grants payable	ŀ	220,224.	18	144/140.
	19	Deferred revenue			19	
L	20	Tax-exempt bond liabilities		11,520,000.	20	11,355,000.
Ā	21	Escrow account liability Complete Part IV of Schedule	. n	11/020/000.	21	11/000/000.
LIABILITIES	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensated employees.	tees, key employees.			
Ī		of Schedule L	1		22	
5	23	Secured mortgages and notes payable to unrelated thi	rd parties		23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		44,328.	25	430,790.
	26_	Total liabilities. Add lines 17 through 25		11,792,552.	26	11,929,930.
N		Organizations that follow SFAS 117, check here	X and complete lines			
Т		27 through 29 and lines 33 and 34.		<del>-</del>		
ş	27	Unrestricted net assets		-2,228,396.	27	-2 <b>,</b> 784 <b>,</b> 116.
ASSETS	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
R		Organizations that do not follow SFAS 117, check her	re ►			
FUZD		lines 30 through 34.		· - ··	20	
	30	Capital stock or trust principal, or current funds			30	<del></del>
Ř	31	Paid-in or capital surplus, or land, building, and equip	ſ		32	
BALAZCES	32	Retained earnings, endowment, accumulated income,	or other funds	_2 220 206	33	-2,784,116.
Ę	33	Total net assets or fund balances.  Total liabilities and net assets/fund balances		-2,228,396. 9,564,156.	34	9,145,814.
	34   rt X			9,304,130.	J-4	9,143,014.
ГС	1117	Financial Statements and Reporting				Yes No
1	Δα	counting method used to prepare the Form 990	Cash X Accrual	Other		
		ere the organization's financial statements compiled or r				2a X
_		ere the organization's financial statements audited by an		- ·· ••		2b X
		Yes' to 2a or 2b, does the organization have a committe riew, or compilation of its financial statements and selec		for oversight of the auditant?	lıt,	2c X
	a As	a result of a federal award, was the organization requir dit Act and OMB Circular A-133?				3a X

**b** If 'Yes,' did the organization undergo the required audit or audits? BAA

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

\_\_\_\_\_

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

									12 T M												80422			
Parl	: [	Re	aso	n fo	r Pu	<u>blic</u>	<u>Cha</u>	rity	<u>Statı</u>	ıs (/	<u> </u>	rgai	1IZ	ations	s mi	<u>ust c</u>	omple	te this	s part.	) (see_	instruct	tions)	_	
The o	rgar	nzatı	on i	s not a	a priv	ate f	ounda	ation	becau	se it	ıs (F	Pleas	e ch	neck o	nly o	ne or	ganızat	ion )						
1	П	A ch	urct	n, con	ventic	on of	churc	ches o	or asso	ociati	on o	f chu	rche	es des	cribe	d ın s	section	170(b)(	1)(A)(i).					
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)																							
3	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)																							
4	_		•							_												er the hosp	utal's	
•	_					_			p 0. a.c		,-									(-)(-)(-)	,			
5	name, city, and state  5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)																							
6		A fe	dera	l, stat	e, or	local	gove	ernme	nt or g	gover	nme	ntal (	unit	descri	bed	ın se	ction 17	O(b)(1)(	A)(v).					
7		An c	rgar ectio	nizatio <b>n 170</b>	on tha <b>(b)(1</b> )	t nor <b>)(A)(</b> v	mally <b>/i).</b> ((	rece Comp	ives a lete P	subs art II	stanti )	al pa	art o	f its si	uppo	rt fror	n a gov	ernmen	tal unit	or from	the gene	ral public o	descril	bed
8	Ш	A co	mm	unity <sup>s</sup>	trust (	descr	ıbed	ın se	ction 1	170(b	)(1)(	<b>A)(</b> vi)	). (C	omple	ete P	art II	)							
9		from	i āct stme	ivities ent ind	relat come	ed to and	its e unrel	xemp ated l	t funct	tions ss ta	– su xable	ibjec e inco	t to ome	certair	n exc	eptio	ns. and	(2) no	more th	an 33-1/	3 % of its	s, and gros s support t organizat	rom a	ross
10	$\Box$	An c	rgai	nızatıc	n org	janize	ed an	id ope	erated	exclu	usive	ly to	test	for pu	ublic	safet	y See s	section	509(a)(4	<b>1).</b> (see	instructio	ons)		
11	_	more	ua e	blicly	supp	orted	orga	anızat	tions d	lescri	bed	ın se	ction	n 509( te line:	(a)(1) s 11e	or se thro	ection 5 ugh 11h	09(a)(2 I	). See <b>s</b>	, or carry section 5	y out the <b>609(a)(3).</b>	purposes Check th	e box	that
		a 🗌	] Ty	pe I			b	T	ype II			С		Туре	III —	Func	tionally	ıntegrat	ted		d 📙	Type III-	- Othe	ŧ٢
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).																							
f																								
g		Sinc	e Aı	uaust	17. 20	006.	has t	he or	ganiza	ition a	acce	oted	anv	aift o	or cor	ntribu	tion fror	n any o	f the fol	lowing p	ersons?			
5				- <b>J</b>	, _	,			<b>9</b>				,	,				,		٠.			Yes	No
		(i)	a p be	ersor low, tl	who ne go	dıred	ctly o	r ındı ody of	rectly the si	contr uppoi	ols, e	eithei orgar	r ald	one or tion?	toge	ther v	vith per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
		(ii)	a f	amıly	mem	ber	of a p	oerso	n desc	ribed	ın (	ı) abo	ove?	7								11 g (ii)		<u> </u>
		(iii)	а 3	35% c	ontro	lled e	entity	of a	oersor	n desc	cribe	d in (	(ı) o	r (II) a	bove	7						11 g (iii		<u> </u>
h		Prov	ıde	the fo	llowir	ng inf	orma	tion a	bout t	he or	rganı	zatio	ns ti	he org	janiza	ation	support	S						
		Name		upporte				) EIN			iii) Tyr (descr abov		rganı n line RC se	ization es 1-9 ection	org	(iv) l janızat i) listed	s the ion in col I in your rning	(v) Did the orga	you notify nization in (i) of support?	organiza	Is the tion in col ized in the S?	(viı) Amou	ınt of Sı	ıpport
																res -	No	Yes	No	Yes	No			
-	-		-																					· <del></del>
										1														
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Total																								

SAN ANTONIO ALTERNATIVE HOUSING CORP #05 74-2804229 Schedule A (Form 990 or 990-EZ) 2008 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (b) 2005 (e) 2008 (f) Total (a) 2004 (c) 2006 (d) 2007 beginning in) ► Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 🟲 Amounts from line 4 Gross income from interest, 8 dividends, payments received on securities loans, rents, rovalties and income form similar sources Net income form unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss form the sale of čapital assets (Explain in Part IV.) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support		,										
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total						
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	0.	0.	0.	0.	0	. 0.						
_	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business	1,160,906.	1,345,472.	1,623,714.	1,794,175.	1,305,269	. 7,229,536.						
4	under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf												
5	The value of services or facilities furnished by a governmental unit to the organization without charge												
	<b>Total.</b> Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons	1,160,906.	1,345,472.	1,623,714.	1,794,175.	1,305,269	7,229,536.						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000												
c	Add lines 7a and 7b												
8	Public support (Subtract line				<u> </u>								
	7c from line 6.)				l		7,229,536.						
<u>Sec</u>	Section B. Total Support												
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	<b>(f)</b> Total						
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	7,880.	1,345,472. 15,932.	19,957.	20,882.	7,660							
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	7,000.		15,557.	20,002.	7,000							
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	7,880.	15,932.	19,957.	20,882.	7,660	72,311.						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)												
	Total support. (add Ins 9, 10c, 11, and 12)					<u> </u>	7,301,847.						
14	First five years. If the Form 990 organization, check this box and	s for the organiza	tion's first, second	d, third, fourth, or	fifth tax year as a	a section 501(c)(	<sup>3)</sup> ▶□						
	tion C. Computation of Pul												
	Public support percentage for 200			2 13 column (f))		15	99.01%						
	Public support percentage from 2					16	99.04%						
	tion D. Computation of Inv					1 10	33.0170						
17	Investment income percentage for		-		n (fl)	17	0.99%						
18	Investment income percentage for			=		18	0.96%						
	33-1/3 support tests – 2008. If the				line 15 is more th	<u></u> -	l line 17 is not						
	more than 33-1/3%, check this be 33-1/3 support tests – 2007. If the	ox and stop here.	The organization	qualifies as a pub	olicly supported or	ganızatıon	<b>►</b> X						
	is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly suppor	ted organization	• <u> </u>						
_20	Private foundation. If the organiz	ation did not chec	k a box on line 14	4, 19a, or 19b, ch	eck this box and s	ee instructions	<u> </u>						

Schedule A	(Form 990 or 9	90-EZ) 2008	SAN A	NIOTUA	ALTER	NATIVE	HOUS	ING	CORP	#05	74-	28042	29	Page 4
Part IV	Supplemen Part II, line	<b>tal Informa</b> 17a or 17b	i <b>tion.</b> Co ; or Par	mplete t	this part 12. Prov	to provi vide any	de the other	expla addıt	anatior ional i	n requ nform	ired I ation	oy Part . (see i	II, line 10	); is)
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### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization **Employer Identification number** SAN ANTONIO ALTERNATIVE HOUSING CORP #05 74-2804229 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2с d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and No enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2008 SAN A				74-280		Page 2
Part III Organizations Mainta	ining Collecti	ons of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (contin	nued)
Using the organization's accession that apply)	n and other reco	rds, check any of the	e following that are a sig	gnificant use of its collec	tion items (ch	eck all
a Public exhibition		<b>d</b> 🗌 Loan	or exchange programs			
<b>b</b> Scholarly research		e 🗌 Other				
c Preservation for future genera	ations					
4 Provide a description of the organ Part XIV.	nization's collection	ons and explain how	they further the organiz	zation's exempt purpose	ın	
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be r	naintained as part of	f the organization's coll	ection?	Yes	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arran an amount or	gements Compl Form 990, Pari	ete if organization t X, line 21.	answered 'Yes' to I	Form 990, F	⊃art ———
1a is the organization an agent, trusincluded on Form 990, Part X?	tee, custodian, or	other intermediary	for contributions or othe	er assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and o	omplete the followin	g table:			
					Amount	
c Beginning balance				1c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an ai	mount on Form 9	90, Part X, line 21?			Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV					
Part V Endowment Funds Co	mplete if orga	nızatıon answer	ed 'Yes' to Form 9	90, Part IV, line 10.		
_	(a) Current year	(b) Prior yea	r (c) Two years bad	ck (d) Three years back	(e) Four year	ars back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Investment earnings or losses						
d Grants or scholarships					1	
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance	_					
2 Provide the estimated percentage	of the year end	balance held as:				
a Board designated or quasi-endow	-	· · · · · · · · · · · · · · · · · · ·				
<b>b</b> Permanent endowment ►						
c Term endowment ►						
3a Are there endowment funds not in organization by	the possession	of the organization th	hat are held and admin	stered for the	Yes	No
(i) unrelated organizations					3a(i)	4
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related o	rganizations liste	d as required on Sch	nedule R?		3b	
4 Describe in Part XIV the intended						
Part VI Investments—Land, B	uildings, and	<b>Equipment.</b> See	e Form <u>9</u> 90, Part X	, line 10.		
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book \	/alue 
1 a Land	<u> </u>		1,470,000.			0,000.
<b>b</b> Buildings			10,135,235.	3,411,855.	6,723	3,380.
c Leasehold improvements						
<b>d</b> Equipment			89,398.	54,271.	35	5,127.
e Other						
Total. Add lines 1a-1e (Column (d) sho	uld equal Form 9	90, Part X, column (	B), line 10(c) )		8,228	3,507.
BAA				Sched	dule <b>D</b> (Form 9	

Schedule D (Form 990) 2008 SAN ANTONIO ALTERNATIVE HOUSING CORP #05

74-2804229

Page 3

	dule D (Form 990) 2008 SAN ANTONIO ALTERNATIVE HOUSING CORP #05	74-2804229	Page <b>4</b>
Par		<u>s</u>	·- ·
1	Total revenue (Form 990, Part VIII,column (A), line 12)	1	,312,929.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1	,865,349.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-552 <b>,</b> 420.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		-552,420.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe		
1	Total revenue, gains, and other support per audited financial statements		,312,929.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		/ /
	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b	_	
	Recoveries of prior year grants  2c	<del></del>	
	Other (Describe in Part XIV)	<del></del>	
	Add lines 2a through 2d		
	Subtract line 2e from line 1		,312,929.
	1 1	-3 - 1	, 312, 323.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV)  4b	<del> </del>	
-	Add lines 4a and 4b	4c	210 000
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		,312,929.
Par	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses		0.65 0.40
1	Total expenses and losses per audited financial statements	1 1 1	<u>,865,349.</u>
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3 1	<u>,865,349.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investments expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5 1	,865,349.
Par	t XIV   Supplemental Information	· <del>-</del>	
Ine 2	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part II, Part X, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.		
  BAA	TEEA3304 12/23/08	Schedule D (F	orm 990) 2008

Schedule <b>D</b>	(Form 990) 2008	SAN	ANTONIO	ALTERNATIVE	HOUSING CORP	#05	74-2804229	Page 5
Part XIV	Supplementa	l Infor	mation (co	ontinued)	· <del>-</del>			
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### SCHEDULE O (F,orm 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

SAN ANTONIO ALTER	NATIVE HOUSING CORP #05	74-2804229
Pt_VI_C, Line 19	The Organization makes its governing documents,	conflict of
	interest policy and financial statements availa	ble upon
	request.	
Pt VI-B. Line 15	1) The compensation of the person is reviewed a	
10 11 11 11 11 11 11 11 11 11 11 11 11 1		
	by the board of directors, provided that the pe	
	<u>conflicts of interest with respect to the compe</u>	nsation_are
	not involved.	
	2) The compensation is reviewed and approved us	ing data as to
	compensation for similarly qualified persons in	functionally
	comparable positions in similarly situated orga	nizations.
	3) There is contemporaneoeus documentation and	recordkeeping
	with respect to the deliberations and decisions	regarding
	the compensation agreement.	
Pt_VI-A, Line 10	The Form 990 is prepared by the Controller and	reviewed by the
	Executive Director.	
Pt_VI-A, Line 3	The management company is contracted to perform	the daily
	operations and administrative functions on beha	lf_of_the
	Organization.	
Pt_VI-A, Line 5	The organization ("SAAHC") engaged Capstone Rea	l Estate Services,
	Inc. ("Capstone") to provide management service	s_for_Rutland_Apts
	During 2008, it was discovered that certain Cap	stone_employees
	responsible for this property had allegedly com	itted_acts_including
	housing "tenants" without entering into lease a	greements,
	receiving "lease payments" from tenants and not	forwarding

Schedule O (Form 990) 2008	Page
Name of the organization SAN ANTONIO ALTERNATIVE HOUSING CORP #05	Employer identification number 74-2804229
SAN ANIONIO ALIERNATIVE HOUSING CORF #US	171 2001223
payments to SAAHC, converting property ov	wned_by_tenant(s),
wrongfully withholding property owned by	tenants; and converting
property owned by SAAHC. SAAHC is in the	process of determining
the amount of said damages and losses and	d may institute litigation
against Capstone to recover same. During	August 2008, Capstone was
terminated by SAAHC.	
Pt_VI-A, Line 2 The Executive Director_(Rod_Radle) is man	rried to the sister
a board member (Michael W. White). The re	elationship was
disclosed to the entire board of director	s prior to Mr. White
being elected to the board. Mr. White is	an attorney, whose
expertise was seen as an asset to the boa	ard and serves, as
the other board members, in a voluntary	(no_compensation)_capacity
Pt_VI-B, Line 12c Each director, principal officer and members	per_of_a_comittee_with
board-delegated posers shall annually sign	gn a statement which
affirms such person: a) has received a co	opy of the conflicts
of interest policy; has read and understa	ands the policy; has
agreed to comply with the policy; and uno	derstands the organization
is charitable and in order to maintain it	ts federal tax exemption
it must engage primarily in activities wh	nich_accomplish_one
or more of its tax-exempt purposes.	

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

SAN ANTONIO ALTERNATIVE HOUSING CORP #05

Related Organizations and Unrelated Partnerships

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number 74-2804229 Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations	suc				

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(C) (E) Legal domicile (state or foreign country) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
San Antonio Alternative Housing Corp 74-2691645	REAL ESTATE	TX	501(c)(3)	6	N/A

Schedule R (Form 990) (2008)

TEEA5001 12/23/08

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

74-2804229

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign	(C) (D) Legal Direct domicile controlling entity (state or foreign	(E) Predominant income (related, investment, unrelated)	Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?	Code V-UBI amount in Box 20 of Schedule K-1	(J) General or managing partner?
		country)		- 1			Yes No	(Form 1065)	Yes No
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(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(C) Legal domicile (state or foreign country)(D) Direct Direct Direct Type of entity (C corp, S corp, or trust)(F) 	(G) Share of end-of-year assets	(H) Percentage ownership

Schedule R (Form 990) (2008)

TEEA5002 12/23/08

Part V Transactions With Related Organizations

74-2804229

No

Note Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes	S No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV.			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity.		1a X	
<b>b</b> Gift, grant, or capital contribution to other organization(s).		1 b	_
c Gift, grant, or capital contribution from other organization(s)		10	×
<b>d</b> Loans or loan guarantees to or for other organization(s)		1d	×
e Loans or loan cuarantees by other organization(s)		1e ×	-
ב בספונים כו יספון שלפת מוויככים כו ל סוויכן כו שלפון ויבמויסיו ליל .		╂	
f Sale of assets to other organization(s)		11	×
g Purchase of assets from other organization(s)	:	1g	×
<b>h</b> Exchange of assets		1 h	×
i Lease of facilities, equipment, or other assets to other organization(s)		<b>:-</b>	×
i Lease of facilities enument or other assets from other organization(s)		;	×
k Performance of services or membership or fundraising solicitations for other organization(s)		구 목	×
l Performance of services or membership or fundraising solicitations by other organization(s)		=	×
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		1m	×
n Sharing of paid employees	-	J.	×
o Reimhirsement haid to other organization for expenses		<u>, c</u>	*
		2 ,	;
<b>p</b> Keimbursement paid by other organization for expenses		<b>a</b>	×
<b>q</b> Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s)		-	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ind transaction thresholds		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	olved
(1) San Antonio Alternative Housing Corporation	q	403	403, 666.
(2) San Antonio Alternative Housing Corporation	O)	-3,	, 300.
(2)			
(4)			
(9)			
(9)			
<b>BAA</b> TEEA5003 07/02/08	Schedule F	Schedule R (Form 990) (2008)	(2008)

# Page 4

# Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.	ling exclusion for cer	rtaın ınvestment partr	erships.					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal Domicite (State or Foreign	(D) Are all partners section	( <b>E)</b> Share of end-of-year assets	(F) Dispropor- tionate	(G) Code V-UBI amount in Box 20 of	(H) General or managing	al or
			501(c)(3) organizations?		allocations?	Schedule K-1 Form (1065)	partne	er?
			Yes No		Yes No		Yes	٩ ۷
					_			
							_	
					· ·			
				···	_			
			-					
			-					
ВАА		TEEA5004 01/21/09				Schedule <b>R</b> (Form 990) (2008)	) (066 m	(5008)

### **Supporting Statement of:**

Form 990 p 10/Line 11a col (B)

Description	Amount
Management company fees	55,207.
Salaries & wages	174,744.
Employee benefits	22,010.
Payroll taxes	14,185.
Payroll service	4,447.
Employee recruitment	830.
Total	271,423.

### **Supporting Statement of:**

Form 990 p 10/Line 13 col (B)

Description	Amount
Supplies	4,835.
Telephone	6,766.
Postage & shipping	566.
Equipment rentals & maintenance	2,052.
Printing & publications	1,011.
Answering service	744.
Bank charges	1,095.
Total	17,069.

### **Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-4

Description	Amount
Contract labor	5,657.
Licenses & permits	3,008.
Miscellaneous	11,180.
Total	19,845.

### **Supporting Statement of:**

Form 990 p 11/Line 1, column (A)

Description	Amount
Operating account	
Operating "Lockbox" account	148,700.
SACU - checking	3,365.
SACU - savings	281.

Continued

Supporting	Statement of:
------------	---------------

Form 990 p 11/Line 1, column (A)

Description	Amount
Operating reserve Petty cash	5,000.
Total	154,322.

### **Supporting Statement of:**

Form 990 p 11/Line 1, column (B)

Description	Amount
Operating account	17,836.
Revenue account	9,574.
SACU - checking	1,455.
SACU - savings	271.
Petty cash	250.
Total	29,386.

### **Supporting Statement of:**

Form 990 p 11/Line 4, column (B)

Description	Amount
Tenant receivables	13,398.
Total	13,398.

### **Supporting Statement of:**

Form 990 p 11/Line 9, column (A)

Description	Amount
Prepaid property insurance	16,113.
Total	16,113.

### **Supporting Statement of:**

Form 990 p 11/Line 9, column (B)

Description	Amount
Prepaid property insurance	13,361.
Total	13,361.

### **Supporting Statement of:**

Form 990 p 11/Line 10, column (A)

Description	Amount
Land Building & improvements	1,470,000. 7,078,710.
Total	8,548,710.

### **Supporting Statement of:**

Form 990 p 11/Line 17, column (A)

Description	Amount			
Accounts payable	92,471.			
Prepaid rent	3,680.			
Accrued interest payable	124,800.			
Accrued trustee fees	1,838.			
Deferred insurance liability	5,435.			

### **Supporting Statement of:**

Form 990 p 11/Line 17, column (B)

Description	Amount				
Accounts payable	20,222.				
Prepaid rent	905.				
Accrued interest	123,013.				

Total 144,140.

### **Supporting Statement of:**

Form 990 p 11/Line 27, column (A)

Description	Amount			
Net assets - beginning of period  Intercompany contributions/distributions  Current year excess of revenues over expenses	-2,226,997. 34,439. -35,838.			
Total	-2,228,396.			

### Supporting Statement of:

Form 990 p 11/Line 27, column (B)

Description	Amount		
Net assets - beginning of period  Intercompany contributions / distributions  Current year excess revenues over expenses	-2,228,396. -3,300. -552,420.		
Total			

### **Supporting Statement of:**

Sch D, page 2/Buildings col (b)

Description	Amount				
Buildings	9,774,299.				
Building improvements	346,113.				
Floor & window coverings	14,823.				
Total	10,135,235.				

### **Supporting Statement of:**

Sch D, page 2/Buildings col (c)

Description	Amount			
Buildings	3,303,011.			
Building improvements	101,928.			
Floor & window coverings	6,916.			
Total	3,411,855.			

## Form **4562**

# **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return. ► See separate instructions.

2008

OMB No 1545-0172

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return SAN ANTONIO ALTERNATIVE HOUSING CORP #05 Identifying number 74-2804229

	ess or activity to which this form relati	cs							
	m 990 / Form 9901								
Par	t I   Election To Exp Note: If you have ar	ense Certain I ny listed property,	Property Under Sec complete Part V before y	<b>tion 179</b> ou complete P	art I.				
1						1	\$250,000.		
2	Total cost of section 179 property placed in service (see instructions)						2	<u> </u>	
3	Threshold cost of section 1	79 property before	e reduction in limitation (s	see instructions	s)			3	\$800,000.
4	Reduction in limitation Sul	action in limitation. Subtract line 3 from line 2. If zero or less, enter -0-				4			
5	Dollar limitation for tax yea separately, see instructions	tax year Subtract line 4 from line 1. If zero or less, enter -0 If married filing ructions					5		
6	(a)						(C) Elected cos	st	-
	•								
7	Listed property. Enter the a	amount from line 2	9	•		7			-
8	Total elected cost of section			, lines 6 and 7		-		8	
9	Tentative deduction. Enter							9	
10	Carryover of disallowed de-			2				10	
11	Business income limitation				o) or lin	e 5 (see	instrs)	11	
12	Section 179 expense deduc	ction Add lines 9 a	and 10, but do not enter i	more than line	11	·	·	12	
13	Carryover of disallowed de-				▶ 1:	3			
Note	: Do not use Part II or Part	III below for listed	property. Instead, use Pa	art V	•				
Par	t II Special Depreci	ation Allowan	ce and Other Depre	ciation (Do r	ot incli	ıde liste	d property )	(See	instructions.)
	Special depreciation allows	_		•					
	tax year (see instructions)	, .	, , ,				·	14	
15	Property subject to section							15	200 265
16	Other depreciation (including							16	382,365.
Par	t III   MACRS Depred	ciation (Do not in	nclude listed property ) (S	ee instructions	5)				
			Section	1 A				1	
17	MACRS deductions for ass	ets placed ın servi	ce in tax years beginning	before 2008				17	
18	If you are electing to group asset accounts, check here	any assets placed	d in service during the tax	x year into one	or mor	e gener	al ▶□		
			in Service During 2008 T	ax Year Using	the Ge	neral De	epreciation :	Syste	em
	(a)	(b) Month and	(C) Basis for depreciation	(d)		(e)	(f)		(g) Depreciation
	Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Cor	vention	Method	l	deduction
_19 a	3-year property .								<del> </del>
<u>t</u>	5-year property .	1							
	: 7-year property								
c	10-year property				-				
	15-year property	<b>■</b>							
f	20-year property	1		<u></u>					
	25-year property	1		25 yrs			S/L		
	Residential rental			27.5 yrs		MM	S/L		
'	property	_		27.5 yrs	_	MM	S/L		
							i e		
ı			S/L						
	property					MM	S/L		<u></u>
		- Assets Placed in	Service During 2008 Ta	x Year Using t	he Alte	rnative		_	tem
_20 a	20 a Class life S/L				<u> </u>				
	<b>b</b> 12-year 12 yrs		<del>                                     </del>	S/L					
c 40-year 40 yrs MM S/L									
Par	t IV Summary (See in	structions)							
21			- <del>-</del>					21	
22	Total Add amounts from line 12, the appropriate lines of your return		nes 19 and 20 in column (g), an	d line 21 Enter he	re and o	1		22	382,365.
23	23 For assets shown above and placed in service during the current year, enter					202,203.			
	the portion of the basis attributable to section 263A costs								

Amortization of costs that began before your 2008 tax year

44

Total. Add amounts in column (f) See the instructions for where to report

SAN ANTONIO ALTERNATIVE HOUSING CORP #05 74-2804229 Form 4562 (2008) Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) No 24b If 'Yes.' is the evidence written? Yes No Yes 24 a Do you have evidence to support the business/investment use claimed? (h) (i) (b) (e) (f) (a) Basis for depreciation (business/investment use only) Flected Type of property (list vehicles first) Method/ Depreciation deduction Date placed Cost or Recovery section 179 investment Convention in service other basis period IISA percentage Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) **(f)** 30 Total business/investment miles driven Vehicle 5 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 6 during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes No Was the vehicle available for personal use 34 during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). No Yes Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Part VI Amortization (b) (c) (d) (e) **(f)** (a) Date amortization begins Code section Description of costs Amortizable Amortization Amortization period or percentage Amortization of costs that begins during your 2008 tax year (see instructions)

43

44

22,437

22,437.

Form 4562 (2008)